

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Ident. No.: \_\_\_\_\_

Legal Desc.: \_\_\_\_\_ Field No.: \_\_\_\_\_ County: \_\_\_\_\_

## Need and practicability data:

1. Will treatment result in accelerated erosion? Yes ☐ No ☐

2. Woody species to be managed: \_\_\_\_\_

3. Acres to be treated: \_\_\_\_\_

4. Acres needing reseeding: \_\_\_\_\_

5. Method of management recommended: \_\_\_\_\_

6. Is deferred grazing required to carry out practice? Yes ☐ No ☐

Condition class rating of pasture in percent: \_\_\_\_\_

## 7. Plan application:

Species managed: \_\_\_\_\_

Method of management: \_\_\_\_\_

Date of management operations: \_\_\_\_\_

Acreage: \_\_\_\_\_

Protection from grazing?

Yes ☐ No ☐

Location map: Import ArcView image, reference conservation plan map, or provide a sketch denoting field boundary, field number, land use, acres, and scale used.




Scale \_\_\_\_\_

**Technical Service Provider**

Layout by \_\_\_\_\_ Date \_\_\_\_\_

Designed by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Producer's Statement**The design of this practice has been discussed with me, and I concur with the design. **No substitutions are allowed without the approval of the technical service provider.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification**

This applied practice meets Kansas standards and specifications.

Technical Service Provider \_\_\_\_\_ Date \_\_\_\_\_

This practice has been applied as designed.

Producer \_\_\_\_\_ Date \_\_\_\_\_